950105 CCC 3200 Ellilit #7

		14000	
		1. AREA OFFICE ADDRESS 602	/ 379-3510
U.S. CONSUMER PRODUCT		CPSC Arizona Office	
SAFETY COMMISSION		522 N. Central Avenue,	Room 207
0,1,21,1		Phoenix, Arizona 85004	
2. NAME OF INDIVIDUALO	3. TITLE	OF INDIVIDUAL	4. DATE
12	\sim .		7-3-00
	برجري	nzernez	3.75
5. FIRM NAME		•	T.C. C. C.
N/ /ST			1-867-557
7. NUMBER AND STREET		B. CITY AND STATE (Include ZID Gode)	Consa
230W Sursey at		Thether, AL	-050x9
9. SAMPLES COLLECTED (Describe/fully. List lot, est	ial, model n	umbers and other positive identification)	
The following samples were collected by the Consu	mer Produc	et Safety Commission pursuant to Section	on 27(f) of the
Consumer Product Safety Act (15 U.S.C. 2076(f)) and/	or Section 1	l I(b) of the Federal Hazardous Substance	Act (15 11 S.C.
1270(b)) and/or Sections 5(c) and (d) of the Flammat the Federal Food Drug and Cosmetic Act (21 U.S.C. 3	74(c)) [Aut	Act (15 U.S.C. 1194(c) and (d)) and/or So hority for sample collections made in con-	ection 704(c) of
Poison Prevention Packaging Act of 1970 (15 U.S.C. 1	471 ct scq.)], and receipt for said samples is hereby	scknowledged.
Sections cited are quoted on the reverse side of this for			α
Sample consisi	<u></u>	D 20 12 100	
Sample Consis	12	of one hour	See /
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10. SAMPLES	11. SAMPL	ES WERE 12. COLL	ECTOR
A MOUNT RECEIVED POR SAMPLE	1 V SVWPL	A. NAME (Print or type)	ECTOR
& Hancy C Dewen	HEN PURC	HASED Zannie	Weaver
b. SIGNATURE (Person Light which sample received)	1/1	b. signature !	()
CA - The F D - The All ?	T	, , , , , , , , , , , , , , , , , , , ,	

Appendix and the second of the second of

950105CCC 3200 Effect # 8

AFFIDAVIT		5AMPLE NO. 7-864 - 8570
STATE OF	COUNTY OF	1 001 0010
liggena	markey	
Before me, 321 mil Mline, a duly authorized employee of the Consumer Product Safety Commission, appropriately designated by the Chairman of said Commission pursuant to provisions of the Consumer Product Safety Act (sec. 27 (b)(2), 86 Stat. 1228; 15 U.S.C. 2076 (b)(2)), to administer or take oaths, affirmations, and affidavits, personally appeared in the country and State aforesaid, who, being first duly sworn, deposes and says: My name in Mirrier Secret and their care of Jacobs. Superior and their after Jacobs. Time G-11-94 Luned my Bladet Dedic, Time Bladet Dedic		
Mustanel + I smelled semi	l out that all	e teaster Lous
malfunctionery It was applicated to the land testing that stayed in CPSC Investigation Wear as a sample.	my husban contride:	dringlaged The Turistis
	Though ay	85'029
ais_3 day of Field. 1992. 3anno Elleret	City and State)	1. sport of
(Employee's Signature) EMPLOYEE OF THE CONSUMER PRODUCT SAFETY COMMISSION ACTING IN ACCORDANCE WITH AUTHORITY GRANTED IN THE ABOVE STATED DECLARATION.		

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CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)		
Nancy Lewis	602/ 866-2077		
3. STREET ADDRESS	4. CITY STATE ZIP CODE		
230 W. Surrey Avenue	Phoenix, Arizona 85029		
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INC			
Respondent used her toaster oven around 1 p.m. to toast a muffin. Around 2 p.m. she & her husband began smelling something burning. It smelled electrical. They saw smoke coming out of the toaster. The toaster was very hot to the touch. Her husband unplugged the toaster and took it outside. It stopped burning when they unplugged the toaster. Respondent is upset that the toaster caught on fire & could have caused a house fire which might have injured her and her husband. The toaster was not being used at the time it began burning. They did not notice any heat damage to the electrical plug or cord.			
6. DATE OF 7. IF INJURY OR NEAR MISS, OBTAIN NO INJURY	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVICE		
INCIDENT(S) AGE SEX AND DESC			
9-11-94 AGE SEX AND BES			
2 P.M.	10. BRAND NAME		
9. DESCRIPTION OF PRODUCT countertop toaster oven	Black & Decker Toast-R-Oven		
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	12. MODEL, SERIAL NO.'S		
Black & Decker	Model # TRO510TY		
Customer Assistance	toaster listed # 228E		
6 Armstrong Road	13. DEALER'S NAME ADDRESS & PHONE Price Club		
Shelton, CN 06485-4797	5850 W. Bell Road		
203/ 926-3000 1-800-231-9786	Glendale, AZ 85308		
1 000 231 3700			
	15 PRODUCT PURCHASED NEW XXX USED		
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	DATE PURCHASED 11-29-93 AGE		
YES NO IF YES, BEFORE OR AFTER THE	DATE PONOITAGED		
INCIDENT?	18. DOES PRODUCT HAVE WARNING LABELS?		
December 1	IF SO, NOTE:		
	THE PRODUCT STILL AVAILABLE? 19. MAY WE USE YOUR NAME WITH THIS		
17. RAVE TOU CONTACTED THE MATOR ACTOREST	REPORT7 XXX NO YES NO		
TES AND NO IE NO	T, ITS DISPOSITION		
CONTACT THEM?	.,		
OTHER			
	INISTRATION USE 1 1 DOCUMENT NO.		
20. DATE RECEIVED 21. RECEIVED BY (Name & Office of the Company of	1 17 200 100 100 100 100 100 100 100 100 100		
23. FOLLOW-UP ACTION 24. PRODUCT CODE(S)			
9501050((3)00	26. ENDORSER'S NAME & TITLE		
25. DISTRIBUTION	LOUISON O INVIDE A TITUE		

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ACCIDENT INVESTIGATION REQUEST FORM

Document Number 7730			
Date of Incident 2000	Category I.	D. 580.716	1995
Follow-Op Requested	Hazard Analysis		Section 15
Type Follow-Up Requested	Telephone Call	(On-Site
Readquarters Contact H. Roughs	salvand		
Assignment Message Obtain To	pastey oven	for ongine	reting
waluation.		<u> </u>	
;			
,			
			•
Person(s) to contact Nancy Lei	sic.		
Phoenix,	AZ_		,
Guideline		•	
			•
Requested By			
Task Number 930/03	CCC32	. 1	
Assigned to SFCC	Date	(1/05/95	

950105 CC C3200 Ephilit # 10

	91000011110
FIELD ACTIVI	
1. REGION/STATE 2. OPERATION Check App	
FOWR-> PIV Inspection	Recall Effect Check > 1-12-45
4. NUMBER Telephone Contact	1-1
Sample Collection	Other > 2-15-45
5. ESTABLISHMENT	
Name: > Namey Lewis	
Address: >	(602)866-2077 Phone: (>) > ->
city: > Plup AZ.	Phone: (>) > ->
City: > YMY _A^.	State: > ZIP: > ->
6. PRODUCT	7. HOURS
= +609kg	Operation: > .
	Travel: > .
8. MANAGEMENT COPES	9. DATE COMPLETED
MIS: > FPC Nr. >	> '
NEISS: >	. >
OUTREACH DATA 10. TA > 11. Subprog :	> 12. Category > 13. Audience >
14. SUPERVISORY INVESTIGATOR	15. INVESTIGATOR
> \ lal C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3 Joel Swisher, ASI	? Zanne Wever
16. COMPLIANCE OFFICER	17. PRIORITY
>	>
>	>
18A. HISTORY:	<u> </u>
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	and the second of the second o
18E ACTION PROTECTED.	
18B. ACTION REQUESTED:	
5 601	obtain de lails
> Ply conduct an unestigation within assignment prequest	y this tracker - per altached
2.44) mis reason — f
assignmens product.	
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150	
19. REQUESTOR'S NAME AND TITLE	SIGNATURE
1 PR	
> 17 1000	
20. DISTRIBUTION	
Orig: Supervisory Investigator >	•
cc: EF->	
> >	•
TOCOMPOSI FOR PRIPADOU TO	2003:0000 200:0000 1 203
LGCornell, for PARADOX Log	Compliance Assignment File
CPSC Form 167R (created 10/91)	compliance Assignment File Western Region

[[TIT] N. A. CONTY	TTV DEGITET
[FIELD ACTIVE 1. REGION/STATE] 2. OPERATION [Check Ap	
[FOWR/PORX] [] Inspection	[_] Recall Effect Check]
[4. NUMBER] [] Telephone Contact	
950/05 CCC 3200A Sample Collection	
[5. ESTABLISHMENT	
[Name: N. Lewis	
1 Address:	•
1 230W. Surrey	Phone: () -
f riture	State: ZIP: ->
[Phoenix	211.
[6. PRODUCT] 7. HOURS
· ·	·
touster	
[8. MANAGEMENT CODES] 9. DATE COMPLETED
[MIS: 32626 FPC Nr.] >
[NEISS: 02/6	<u> </u>
[10. SUPERVISORY INVESTIGATOR] 11. INVESTIGATOR
[+ 1 Court	1; Zannie Weaver
Toel Swisher	<u> </u>
[12. COMPLIANCE OFFICER] 13. PRIORITY
] >
] >
14B. ACTION REQUESTED: Collected tiruste cuttach plassignmen	- as sample. See + décements.
[15. REQUESTOR'S NAME] TITLE] SIGNATURE
[>	, , , , , , , , , , , , , , , , , , ,
[16. DISTRIBUTION	
[Orig: Investigator	
CC: Supervisory Investigator	
FOWR Prog. Mgr. (LCornell)	
[FOWR Compliance	

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ACCIDENT INVESTIGATION REQUEST FORM

Document Number		
Date of Incident	Category I.D. 58	CT15 1995
Follow-Up Requested	Hazard Analysis	Section 15
Type Follow-Up Requested	Telephone Call	On-Site
Readquarters Contact R. Roug	hochwallog	
Assignment Message Obtain	toastey over for	angineeHing
waluation.		
•		
Person(s) to Contact Nancy	Lewis	
Phoen	ix, AZ	
	,	
Guideline		
•		•
Requested By R		
	15 CCC 3200	
Assigned to $SFCC$	Date (1/05)	195

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CONSUMER PRODUCT INCIDENT REPORT

	2157191519
1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
Nancy Lewis	602/ 866-2077
3. STREET ADDRESS	4. CITY STATE ZIP CODE
230 W. Surrey Avenue	Phoenix, Arizona 85029
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJ	
husband began smelling something burning. out of the toaster. The toaster was very h toaster and took it outside. It stopped bu	on fire & could have caused a house fire which he toaster was not being used at the time it
	The state of the s
6. DATE CF 7. IF INJURY OR NEAR MISS, CETAIN NO INJURY INCIDENT(S)	
AGE SEX AND DESC	
2 P.M. INJURY	
8. DESCRIPTION OF PRODUCT	10. BRAND NAME
countertop toaster oven	Black & Decker Toast-R-Oven
11. MANUFACTUREPIDISTRIBUTOR NAME, ADDRESS & PHONE	12. MODEL SERIAL NO.'S
Black & Decker	Model # TRO510TY toaster listed # 228E
Customer Assistance	13. DEALER'S NAME, ADDRESS & PHONE
6 Armstrong Road Shelton, CN 06485-4797	Price Club
203/ 926-3000 E 2/L	5850 W. Bell Road
1-800-231-9786	Glendale, AZ 85308
	115 PRODUKT PURCHASED NEW XXX USED
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	DATE PURCHASED NEW AGE
YES NO IF YES, BEFORE OR AFTER THE	DATE FOR OTHER DES
INCIDENT?	16. DOES PRODUCT HAVE WARNING LABELS?
Describe	IF SO, NOTE:
	HE PRODUCT STILL AVAILABLE? 18. MAY WE USE YOUR NAME WITH THIS
17. PAVE 100 CONTROLES THE MECTOR MOTOR EN	I BCDORT7
153 AAA NO 11 NO1, BO 100 1 2 2 1 10	XX NO YES YXX NO YES NO YES
CONTACT THEM? YES NO IF NOT	, ITS DISPOSITION
OTHER	
FOR ADMI	NISTRATION USE 1
20. DATE RECEIVED 21. RECEIVED BY (Name & Office	1) PLETTLE HE DOCUMENT NO.
9-16-94 Benning 9	blicity F4B0166A
23. FOLLOW-UP ACTION	24. PRODUCT CODE(S)
950/050((3)00	26. ENDORSER'S NAME & TITLE

FIELD ACTIVITY COVERSHEET				
1. REGIONSTATE 2. OPERATION (Check One) () Inspection () Establishment VI FOWR/PHX () Telephone Contact (XX) Investigation		istt	3. DATE	
FOWR/PHX Arizona	() Other []		4. NUMBER (For RO Use) 950105CCC3200
s. establishment Name Black & Decket Inc. Address 6 Armstrong City Shelton state CT Zip 06485 Telephone				
6. RELATED FIRM () Parent () Headquarters () Subsidiary () Other Name City State				
". PRODUCTS COVERED			& OTHER CONSUMER	PRODUCTS
Toast-R-Oven Broiler	(model # TRO510)		[]
9. ESTABLISHMENT TYPE (X) Manufacture () Wholesaler () Retailer () Other [er () Importer () Own Label Distributor		10. ANNUAL PRODUCT Product Covered \$ Other Products \$. Units []
11. I.S. BUSINESS % Received [] % Shipped []	12. SAMPLES COLLECTED T-869-8570		32626	14. HOURS Activity: 6 hrs. + Travel 40 min. +
15. REASON FOR ACTIVIT incident report, # I	FB0166A.	# 950105CCC3	200 was assigned	as a follow up to an
16. ANNOUNCED () UNANNOUNCED ()	Rationale for Announced Inspection N/A	on		
17. EMPLOYEE'S NAME		TITLE	SICHATURE	6116
Zannie E. Weaver	Weaver Investigator		Zarrill Wlaser	
12. () ENDORSEMENT () REMARKS () SUMMARY () OTHER				
19. REVIEWER'S NAME		TITLE	SIGNATURE	
20. REVIEW DATE	21. DISTRIBUTION			

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E.I.R. EXHIBIT 3.

Stiel ClubDATE 2-3-95 INSPECTOR 3 GW

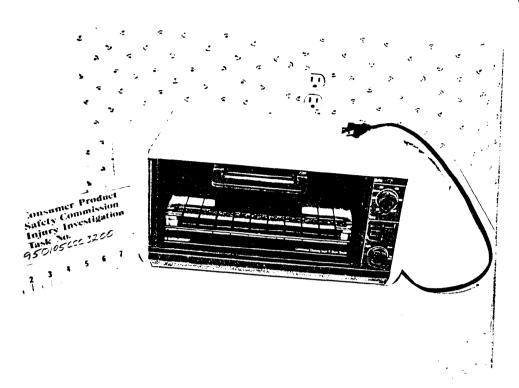


Photo #1 - Front view of teaster.

	E.I.R. EXHIBIT 4
	WER Orce Club
	DATE 2-3-95 INSPECTOR 3C1/1/
	VITY REQUEST
	ppropriate Block(s)] j 3a. DATE ISSUED] [_] Recall Effect Check] 2-3-95
[4. NUMBER] [] Telephone Contact	Investigation 1 3b. TRGT DATE 1
[5. ESTABLISHMENT 0 3 3 4	1 [] Other]
I Name: Prize Click]
[Address: 5850 W Belf	,
[City: 910- 0 02	Phone: () -] State: / _ ZIP: ->]
Kindall	$\mathcal{M}_{\mathcal{L}}$
[6. PRODUCT] 7. HOURS
teastes	Travel: >
[8. MANAGEMENT CODES [MIS: 32626 FPC Nr.] 9. DATE COMPLETED
[MIS: 32626 FPC Nr. [NEISS:	j ;
[10. SUPERVISORY INVESTIGATOR	1 11. INVESTIGATOR
Joel Swisher	13 Zannie E. Weaver
[12. COMPLIANCE OFFICER	1 13. PRIORITY
] >
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14A. HISTORY: 1 - Co A - A	
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14B. ACTION REQUESTED:	
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conduct a lemit	ed reach insperseen
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[15. REQUESTOR'S NAME [>] TITLE] SIGNATURE]
[>	
[16. DISTRIBUTION	' ,
Orig: Investigator CC: Supervisory Investigator]
Supervisory Investigator FOWR Prog. Mgr. (LCornell)	1
1FOWR Compliance	j
CPSC Form 167R (created 10/91)	Western Region

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CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
Nancy Lewis	602/ 866-2077
1. STREET ADDRESS	4. CITY STATE ZIP CODE
230 W. Surrey Avenue	Phoenix, Arizona 85029
S. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON IN	JURIES. (Use second page if necessary.)
Respondent used her toaster oven around 1 husband began smelling something burning. out of the toaster. The toaster was very toaster and took it outside. It stopped be	p.m. to toast a muffin. Around 2 p.m. she & her It smelled electrical. They saw smoke coming hot to the touch. Her husband unplugged the urning when they unplugged the toaster. It on fire & could have caused a house fire which the toaster was not being used at the time it
6. DATE OF 7. IF INJURY OR NEAR MISS, OBTAIN NO. THE	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
IND TIVE	· · · · · · · · · · · · · · · · · · ·
9-11-94 AGE SEX AND DES	
2 P.M.	
9. DESCRIPTION OF PRODUCT	10. BRAND NAME
countertop toaster oven	Black & Decker Toast-R-Oven
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	12. MODEL, SERIAL NO.'S
Black & Decker	Model # TRO510TY
Customer Assistance (15)	toaster listed # 228E
6 Armstrong Road	Price Club
Shelton, CN 06485-4797	5850 W. Bell Road
203/ 926-3000 1-800-231-9786	Glendale, AZ 85308
<i>y</i>	
	15. PRODUCT PURCHASED NEW XXX USED
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	DATE PURCHASED 11-29-93 AGE
YES NO IF YES, BEFORE OR AFTER THE	DATE FUNDAMED
INCIDENT?	18. DOES PRODUCT HAVE WARNING LABELS?
Describe	IF SO, NOTE:
YES XXX NO IF NOT, DO YOU PLAN TO YES	THE PRODUCT STILL AVAILABLE? 19. MAY WE USE YOUR NAME WITH THIS REPORT? YES NO
CCNTACT THEM? YES NO IF NO	DT. ITS DISPOSITION
OTHER	
FOR ADM	AINISTRATION USE 1 1-
20. DATE RECEIVED 21. RECEIVED BY (Name & Offi	(co) PROCEDULY HE DOCUMENT NO.
9-16-94 Bearing 9	Wert F480166A
23. FOLLOW-UP ACTION	24. PRODUCT CODE(S)
950/05((3200	
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE

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NUCLDENT INVESTIGATION REQUEST FORM

Document Number 1-20	· 1 -		
eate of Incident 3/1/195 Category I.D. 5ECT 15 1995			
bllow-Up Requested	Hazard Analysis	Section 15	
ype Pollow-Up Requested	Telephone Call	On-Site	
leadquarters Contact <u> </u>	uchschuralba		
ssignment Message <u>OV/Qi</u>	n toaster over for	angineering	
waluation.			
,			
		•	
		•	
erson(s) to contact <u>Nav</u>	ncy Lewis		
Pho	enix, AZ		
kuideline			
**			
• .		•	
equested By R			
task Number 950	105 CCC 3200	0	
Assigned to SFO	C Date 6,/0;	∤ .	

CPSC Form 324 (2/90)



950105CCC 3200 Exhibit # 9 - Photoz

Photo # 1- Joasles was sitting on this counternept to the refrigerator



Photo # 2 - View of teaster + wall outlet.

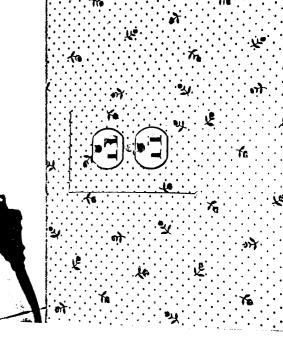
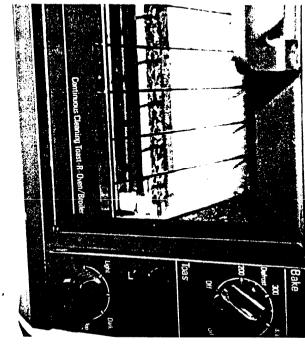




Photo # 4- Brand name on Eorates & Sert,

Photo #5- more Rebeling on door Notice centrals on the right.



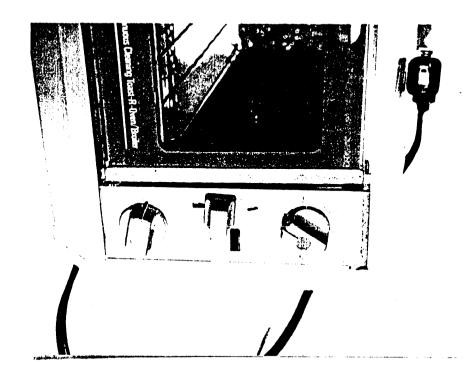


Photo #6- another view of the centitle,

950105 CCC 3200 Exhibit # 9

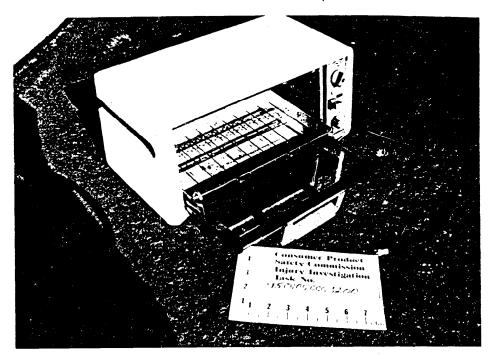


Photo # 7 - Jouster devor opens from the top.

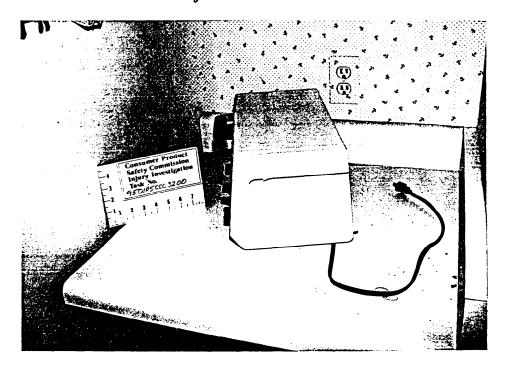
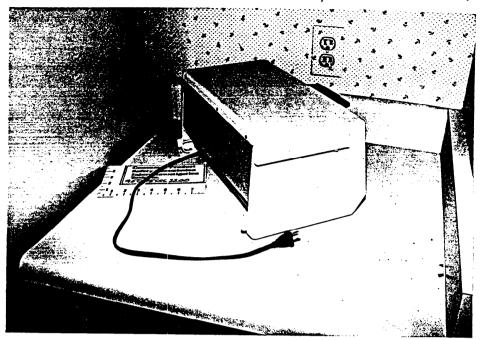
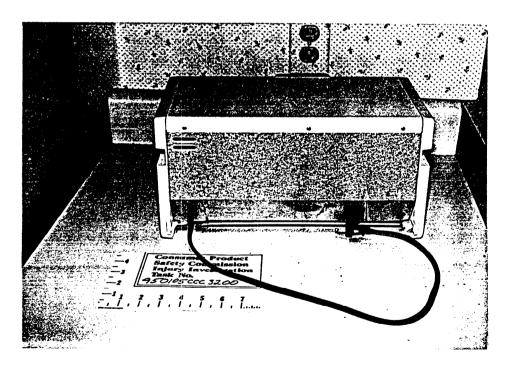


Photo #8 - Side of touster near the controls,

950105 CCC 3200 Exhibit #9

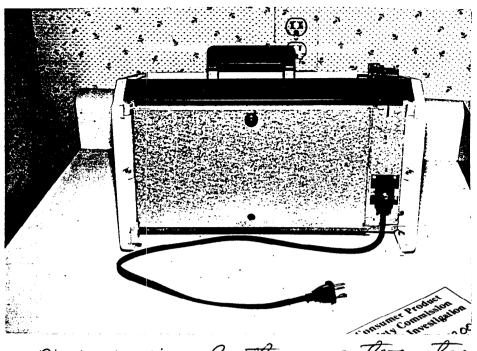


Photo#9- an angled view shewing she bads and one side.



Photo#10- View of back,

950105 CCC 3200 Exhibit #9



Photo# 11- Bottom of teaster

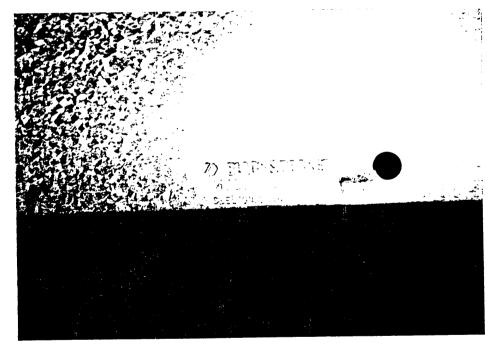
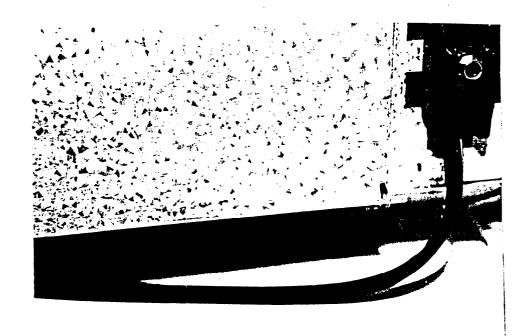


Photo # 12 - Sabeling on bottom near a Role in the molal. notice brand name + model number.

95 0105 CCC 3200 Exhibit # 9



Photo# 13 - Additional labeling on lottom of touster.

FIELD ACTIVITY COVERSHEET				
() Inspection	2. OPERATION (Check One) () Inspection () Establishment Visit () Telephone Contact (XX) Investigation () Other []		3. DATE	
			4. NUMBER (For RO Use) 950105CCC3200	
s. ESTABLISHMENT Name Black & Decker Inc. Address 6 Armstrong City Shelton State CT	Zip 06485 Telepi	hone		
6. RELATED FIRM () Parent () F. Name City	leadquarters (Sta	, , ,	Other	
7. PRODUCTS COVERED	UCTS COVERED		& OTHER CONSUMER PRODUCTS	
Toast-R-Oven Broiler (model # TRO510)		[]	
ESTABLISHMENT TYPE (X) Manufacturer () Importer () Wholesaler () Own Label Distributor () Retailer () Repackager () Other []		10. ANNUAL PRODUCTION Product Covered \$. Units [] Other Products \$. Units []		
11. LS. BUSINESS % Received [] % Shipped [] T-869-8570		32626	14. HOURS Activity 6 hrs. + Travel 40 min. +	
15. REASON FOR ACTIVITY (Assignment Reference) II incident report, #FB0166A.	DI # 950105CCC	3200 was assigned	as a follow up to an	
16. ANNOUNCED () Rationale for Announced Insp UNANNOUNCED () N/A	ection			
17. EMPLOYEE'S NAME	TITLE	SIGNATURE	C11/	
Zannie E. Weaver	Investigator	Same	Whaver	
	toaster over the toaster of the plugged was sampled to injuries a tailer where	that malfunven began exh into the wal and shipped tesociated wit the product w	ibiting a light l outlet and in the o CPSC engineering h this incident. A vas purchased revealed	
19. REVIEWER'S NAME	TITLE	SIGNATURE		
Joel C. Swisher 20. REVIEW DATE 21. DISTRIBUTION 0: CC: CECA, LOS CPSC FORM NO. 167 [Rev. 8/86][Adapted for WP		c c/s: LBaxt	er, LCornell (AMIS)	

950105CCC3200

Follow-up: Pending analysis and review of sample; Inspection of Black & Decker to determine the source of the counter top appliance failures.